

CONFIDENTIAL

1. SURVEY		1
PSU	<input type="checkbox"/>	<input type="checkbox"/>
BLOCK	<input type="checkbox"/>	<input type="checkbox"/>
DWELLING	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD	<input type="checkbox"/>	<input type="checkbox"/>
PERSON	<input type="checkbox"/>	<input type="checkbox"/>
2. SEX		
Male	<input type="checkbox"/>	1
Female	<input type="checkbox"/>	2
3. AGE		
<input type="text"/>		<input type="text"/>
YEARS		
4. S.D. ONLY -		
Institutionalised person (No more questions)		<input type="checkbox"/> 1
Boarding school pupil selected at S.D. (No more questions)		<input type="checkbox"/> 2

Australian Bureau of Statistics

SPECIAL SUPPLEMENTARY SURVEY

FEB-MAY 1979

adult questionnaire 15 years and over

5. IN WHICH COUNTRY WAS
... BORN?

- Australia (*Go to Q.7*) .. ☐ 1
 UK, Ireland .. ☐ 2
 Canada, South Africa,
 USA, New Zealand .. ☐ 3
 Italy .. ☐ 4
 Greece .. ☐ 5
 Yugoslavia .. ☐ 6
 Holland/Netherlands .. ☐ 7
 Germany .. ☐ 8
 Other (*Specify*) ----- ☐ 9
 ----- ☐ 9

6. IN WHAT YEAR DID ...
ARRIVE IN AUSTRALIA?

specify

7. THE NEXT FEW QUESTIONS
ARE ABOUT ... SIGHT.

8. Sequence Guide

- . If aged 15 to 23 years,
go to Q.9A .. ☐ 1
 . Otherwise, go to Q.9B .. ☐ 2

9A. WITHIN THE LAST FIVE
YEARS HAS ... HAD ANY
SIGHT TEST OR EXAMINATION –
AT SCHOOL OR ANYWHERE
ELSE?

9B. WITHIN THE LAST FIVE
YEARS HAS ... HAD ANY
SIGHT TEST OR EXAMINATION?

- Yes .. ☐ 1
 No (*Go to Q.12*) .. ☐ 2
 Don't know (*Go to Q.12*) .. ☐ 3

10. HOW MANY YEARS AGO WAS
... SIGHT LAST EXAMINED?

- Less than 1 year .. ☐ 1
 1 year to less than 3 years .. ☐ 2
 3 years to 5 years .. ☐ 3

11. WAS THIS EXAMINATION DONE
BY AN OPTOMETRIST OR
OPTICIAN, AN EYE SPECIALIST
OR BY SOME OTHER PERSON?

- Optometrist/Optician .. ☐ 1
 Eye specialist/Ophthalmologist .. ☐ 2
 Other person .. ☐ 3
 Don't know .. ☐ 4

12. IS ... COLOUR BLIND?

- Yes .. ☐ 1
 No/Don't know .. ☐ 2

13. DOES ... HAVE –

- THE EFFECT OF ANY
EYE INJURY? .. ☐ 1
 A CATARACT? .. ☐ 2
 GLAUCOMA? .. ☐ 3
 None of these .. ☐ 4

<p>14. HAS ... EVER HAD AN OPERATION ON ... EYES TO HELP ... SIGHT?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>20. WITHOUT ... (GLASSES) (OR) (CONTACT LENSES) DOES ... HAVE TROUBLE SEEING THINGS CLOSE UP, SUCH AS WHEN READING?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.22) .. <input type="checkbox"/> 2</p>	<p>26. DOES ... HAVE ANY LOSS OF SIGHT IN ONE OR BOTH EYES?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.32) .. <input type="checkbox"/> 2</p>
<p>15. DOES ... WEAR GLASSES?</p> <p><u>Note</u> – include only prescription glasses</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>21. DOES ... WEAR ... (GLASSES) (OR) (CONTACT LENSES) TO <u>HELP</u> SEE THINGS CLOSE UP?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>27. COULD THIS LOSS OF SIGHT BE HELPED BY GLASSES?</p> <p>Yes (Go to Q.32) .. <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Don't know <input type="checkbox"/> 3</p>
<p>16. DOES ... WEAR CONTACT LENSES?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.18) .. <input type="checkbox"/> 2</p>	<p>22. WITHOUT ... (GLASSES) (OR) (CONTACT LENSES) DOES ... HAVE TROUBLE SEEING THINGS AT A DISTANCE?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.24) .. <input type="checkbox"/> 2</p>	<p>28. IS ... LOSS OF SIGHT IN BOTH ... EYES, ... RIGHT EYE ONLY OR ... LEFT EYE ONLY?</p> <p>Both eyes <input type="checkbox"/> 1</p> <p>Right eye only .. <input type="checkbox"/> 2</p> <p>Left eye only (Go to Q.31) <input type="checkbox"/> 3</p>
<p>17. ARE THESE SOFT OR HARD LENSES?</p> <p>Both soft and hard (Go to Q.19) .. <input type="checkbox"/> 1</p> <p>Soft only (Go to Q.19) .. <input type="checkbox"/> 2</p> <p>Hard only (Go to Q.19) .. <input type="checkbox"/> 3</p> <p>Don't know (Go to Q.19) <input type="checkbox"/> 4</p>	<p>23. DOES ... WEAR ... (GLASSES) (OR) (CONTACT LENSES) TO <u>HELP</u> SEE THINGS AT A DISTANCE?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>29. IN ... RIGHT EYE IS THIS A COMPLETE LOSS OF SIGHT?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>
<p>18. <u>Sequence Guide</u></p> <p>. If wears glasses ('1' in Q.15), go to Q.19 <input type="checkbox"/> 1</p> <p>. Otherwise, go to Q.26 .. <input type="checkbox"/> 2</p>	<p>24. DOES ... USUALLY WEAR ... (GLASSES) (AND) (CONTACT LENSES) –</p> <p>MORE THAN 8 HOURS A DAY? .. <input type="checkbox"/> 1</p> <p>4 TO 8 HOURS A DAY? .. <input type="checkbox"/> 2</p> <p>HOW OFTEN DOES ... USUALLY WEAR ... (GLASSES) (AND) (CONTACT LENSES)?</p> <p>Never (Go to Q.26) .. <input type="checkbox"/> 3</p> <p>Less than once a week .. <input type="checkbox"/> 4</p> <p>At least once a week .. <input type="checkbox"/> 5</p>	<p>30. <u>Sequence Guide</u></p> <p>. If loss of sight <u>only</u> in right eye ('2' in Q.28), go to Q.32 <input type="checkbox"/> 1</p> <p>. Otherwise, go to Q.31 <input type="checkbox"/> 2</p>
<p>19. HOW OLD WAS ... WHEN ... <u>FIRST</u> STARTED WEARING (GLASSES) (OR) (CONTACT LENSES)?</p> <p>Less than 10 years old .. <input type="checkbox"/> 1</p> <p>10 years to less than 20 years <input type="checkbox"/> 2</p> <p>20 years to less than 40 years <input type="checkbox"/> 3</p> <p>40 years old or more .. <input type="checkbox"/> 4</p>	<p>25. DOES ... HAVE ANY LOSS OF SIGHT IN ONE OR BOTH EYES THAT CAN <u>NOT</u> BE HELPED BY WEARING GLASSES?</p> <p>Yes (Go to Q.28) .. <input type="checkbox"/> 1</p> <p>No (Go to Q.32) .. <input type="checkbox"/> 2</p>	<p>31. IN ... LEFT EYE IS THIS A COMPLETE LOSS OF SIGHT?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>

<p>32. THE NEXT FEW QUESTIONS ARE ABOUT ... DENTAL HEALTH.</p>	<p>42. WITHIN THE LAST <u>FIVE</u> YEARS HAS ... SEEN A DENTIST, DENTAL TECHNICIAN, MECHANIC OR THERAPIST, OR ANYONE ELSE ABOUT ... TEETH, (DENTURES) OR GUMS?</p> <p>Yes (Go to Q.45) <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>49. AT THE LAST VISIT WHAT (OTHER) TREATMENT, IF ANY, DID ... HAVE?</p> <p>Preparation for/fitting of dentures <input type="checkbox"/> 1</p> <p>Maintenance/repair of dentures <input type="checkbox"/> 2</p> <p>Other (specify) _____</p> <p>_____ <input type="checkbox"/> 3</p> <p>No (other) treatment <input type="checkbox"/> 4</p>
<p>33. DOES ... HAVE ANY OF ... OWN NATURAL TEETH?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>43. <u>Sequence Guide</u></p> <p>. If has dentures or false teeth ('1' in Q.34), go to Q.55 <input type="checkbox"/> 1</p> <p>. Otherwise, go to Q.44 .. <input type="checkbox"/> 2</p>	<p>50. WITHIN THE LAST TWELVE MONTHS HOW MANY TIMES HAS ... SEEN ANYONE ABOUT ... TEETH, (DENTURES) OR GUMS?</p> <p>None <input type="checkbox"/> 1</p> <p>Once <input type="checkbox"/> 2</p> <p>Twice <input type="checkbox"/> 3</p> <p>Three times <input type="checkbox"/> 4</p> <p>More than three times <input type="checkbox"/> 5</p>
<p>34. DOES ... HAVE ANY DENTURES OR FALSE TEETH WHICH CAN BE REMOVED?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.39) <input type="checkbox"/> 2</p>	<p>44. HAS ... <u>EVER</u> SEEN ANYONE ABOUT ... TEETH OR GUMS?</p> <p>Yes (Go to Q.55) <input type="checkbox"/> 1</p> <p>No (Go to Q.55) <input type="checkbox"/> 2</p>	<p>51. HAS AN ACTUAL DATE BEEN SET FOR ... NEXT VISIT?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.53) <input type="checkbox"/> 2</p> <p>Don't know (Go to Q.53) <input type="checkbox"/> 3</p>
<p>35. ARE THESE IN BOTH ... JAWS, ... UPPER JAW ONLY OR ... LOWER JAW ONLY?</p> <p>Both jaws <input type="checkbox"/> 1</p> <p>Upper jaw only <input type="checkbox"/> 2</p> <p>Lower jaw only (Go to Q.38) <input type="checkbox"/> 3</p>	<p>45. HOW LONG AGO DID ... <u>LAST</u> SEE ANYONE ABOUT ... TEETH, (DENTURES) OR GUMS?</p> <p>6 months ago or less <input type="checkbox"/> 1</p> <p>more than 6 months to 12 months <input type="checkbox"/> 2</p> <p>more than 12 months to 18 months <input type="checkbox"/> 3</p> <p>more than 18 months to 3 years (Go to Q.55) <input type="checkbox"/> 4</p> <p>more than 3 years to 5 years (Go to Q.55) <input type="checkbox"/> 5</p>	<p>52. DOES ... HAVE THIS APPOINTMENT <u>JUST</u> FOR A CHECKUP OR FOR SOME SPECIFIC REASON?</p> <p>Checkup <input type="checkbox"/> 1</p> <p>Specific reason <input type="checkbox"/> 2</p>
<p>36. IN ... UPPER JAW IS THIS A FULL OR PARTIAL SET?</p> <p>Full <input type="checkbox"/> 1</p> <p>Partial <input type="checkbox"/> 2</p>	<p>46. AT THE <u>LAST</u> VISIT DID ... HAVE -</p> <p>ANY TEETH TAKEN OUT? <input type="checkbox"/> 1</p> <p>AN X-RAY?.. .. <input type="checkbox"/> 2</p> <p>TEETH (OR DENTURES) CLEANED OR POLISHED? <input type="checkbox"/> 3</p> <p>None of these <input type="checkbox"/> 4</p>	<p>53. DOES ... GO FOR CHECKUPS FROM TIME TO TIME, OR DOES ... <u>ONLY</u> SEE A DENTIST FOR SOME SPECIFIC REASON?</p> <p>Checkup <input type="checkbox"/> 1</p> <p>Specific reason (Go to Q.55) <input type="checkbox"/> 2</p>
<p>37. <u>Sequence Guide</u></p> <p>. If upper jaw only ('2' in Q. 5) go to Q.39 <input type="checkbox"/> 1</p> <p>. Otherwise go to Q.38 <input type="checkbox"/> 2</p>	<p>47. <u>Sequence Guide</u></p> <p>. If has any of own teeth ('1' in Q.33), go to Q.48 <input type="checkbox"/> 1</p> <p>. Otherwise, go to Q.49 .. <input type="checkbox"/> 2</p>	<p>54. HOW FREQUENTLY DOES ... GO FOR CHECKUPS?</p> <p>Twice or more a year <input type="checkbox"/> 1</p> <p>About once a year <input type="checkbox"/> 2</p> <p>Other <input type="checkbox"/> 3</p>
<p>38. IN ... LOWER JAW IS THIS A FULL OR PARTIAL SET?</p> <p>Full <input type="checkbox"/> 1</p> <p>Partial <input type="checkbox"/> 2</p>	<p>48. FLUORIDE TREATMENT OR COATING? <input type="checkbox"/> 1</p> <p>ANY FILLINGS? <input type="checkbox"/> 2</p> <p>Neither of these <input type="checkbox"/> 3</p>	
<p>39. <u>Sequence Guide</u></p> <p>. If aged 15 to 25 years, go to Q.40 <input type="checkbox"/> 1</p> <p>. Otherwise, go to Q.42 <input type="checkbox"/> 2</p>		
<p>40. HAS ... EVER WORN BRACES, BANDS OR A PLATE TO STRAIGHTEN ... TEETH?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.42) <input type="checkbox"/> 2</p>		
<p>41. IS ... STILL WEARING THEM?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>		

<p>55. THATS THE END OF THE DENTAL HEALTH QUESTIONS.</p> <p>I WOULD NOW LIKE TO ASK YOU ABOUT THE WEEK STARTING MONDAY THE ... AND ENDING LAST SUNDAY THE ... THAT IS, LAST WEEK.</p>	<p>62. WHY WAS ... STOOD DOWN?</p> <p>Bad weather/breakdown (Go to Q.64) <input type="checkbox"/> 1</p> <p>Other <input type="checkbox"/> 2</p>	<p>71. WHAT KIND OF INDUSTRY, BUSINESS OR SERVICE IS CARRIED OUT AT THAT ADDRESS?</p> <p>-----</p> <p>-----</p> <p>-----</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: auto;"></div>
<p>56. LAST WEEK, DID ... DO ANY WORK AT ALL IN A JOB, BUSINESS OR FARM?</p> <p>Yes (Go to Q.66) <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p> <p>Permanently unable to work (No more questions) <input type="checkbox"/> 3</p>	<p>63. WAS ... PAID FOR ANY OF LAST WEEK?</p> <p>Yes (Go to Q.68) <input type="checkbox"/> 1</p> <p>No (No more questions) <input type="checkbox"/> 2</p>	<p>72. HOW LONG HAS ... WORKED FOR (Employer in Q.70)?</p> <p>Less than one year, record <u>full weeks</u> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> 1</p> <p>One year or more, record <u>full years</u> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> 2</p>
<p>57. LAST WEEK, DID ... DO ANY WORK WITHOUT PAY IN A FAMILY BUSINESS?</p> <p>Yes (Go to Q.66) <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>64. UP UNTIL THE END OF LAST WEEK, HAD ... BEEN AWAY FROM WORK FOR FOUR WEEKS OR MORE?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.68) <input type="checkbox"/> 2</p>	<p>73. WHAT KIND OF WORK DOES ... DO?</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: auto;"></div>
<p>58. DID ... HAVE A JOB, BUSINESS OR FARM THAT ... WAS AWAY FROM BECAUSE OF HOLIDAYS, SICKNESS OR ANY OTHER REASON?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (No more questions) <input type="checkbox"/> 2</p>	<p>65. WAS ... PAID FOR ANY PART OF THE LAST FOUR WEEKS?</p> <p>Yes (Go to Q.68) <input type="checkbox"/> 1</p> <p>No (No more questions) <input type="checkbox"/> 2</p>	<p>74. <u>Sequence Guide</u></p>
<p>59. WHY WAS ... AWAY FROM WORK LAST WEEK?</p> <p>Own illness or injury <input type="checkbox"/> 1</p> <p>Leave, holiday or flextime/ Bad weather/breakdown (Go to Q.64) <input type="checkbox"/> 2</p> <p>Stood down (Go to Q.62) <input type="checkbox"/> 3</p> <p>No work/insufficient work (Go to Q.63) <input type="checkbox"/> 4</p> <p>On strike/locked out (Go to Q.68) <input type="checkbox"/> 5</p> <p>Other (Go to Q.64) <input type="checkbox"/> 6</p>	<p>66. DID ... HAVE MORE THAN ONE JOB LAST WEEK?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.68) <input type="checkbox"/> 2</p>	<p>If a member of Australian permanent defence forces, no more questions <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> 1</p> <p>Otherwise, respondent must be interviewed personally :</p> <p>— personal interview obtained, go to Q.75 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> 2</p> <p>— personal interview not obtained (No more questions, complete Form RS) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> 3</p>
<p>60. WAS ... ON WORKERS' COMPENSATION LAST WEEK?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (Go to Q.64) <input type="checkbox"/> 2</p>	<p>67. I WOULD NOW LIKE TO ASK YOU SOME QUESTIONS ABOUT ... MAIN JOB.</p>	
<p>61. WILL ... BE RETURNING TO WORK FOR ... EMPLOYER?</p> <p>Yes (Go to Q.68) <input type="checkbox"/> 1</p> <p>No (No more questions) <input type="checkbox"/> 2</p> <p>Don't know (No more questions) <input type="checkbox"/> 3</p>	<p>68. IN THIS JOB HOW MANY HOURS DOES ... USUALLY WORK EACH WEEK?</p> <p>Less than 1 hour (No more questions) <input type="checkbox"/> 01</p> <p>1 hour to less than 20 hours (No more questions) <input type="checkbox"/> 02</p> <p>20 hours or more (specify) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></p>	
	<p>69. DOES ... WORK FOR AN EMPLOYER FOR WAGES OR SALARY?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No (No more questions) <input type="checkbox"/> 2</p>	
	<p>70. WHO DOES ... WORK FOR?</p> <p>(Name/Full address)</p> <p>-----</p> <p>-----</p> <p>-----</p>	

<p>75. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR WORK.</p> <p><u>Interviewer</u></p> <p>Explain use of prompt card booklet to respondent.</p>	<p>81. PLEASE TURN TO CARD B (Yellow),</p> <p>HOW DO YOU FEEL ABOUT THE SAFETY PRECAUTIONS AT WORK?</p> <p>Very dissatisfied <input type="checkbox"/> 1</p> <p>Dissatisfied <input type="checkbox"/> 2</p> <p>Neither satisfied or dissatisfied <input type="checkbox"/> 3</p> <p>Satisfied <input type="checkbox"/> 4</p> <p>Very satisfied <input type="checkbox"/> 5</p>	<p>85. PLEASE LOOK AT CARD C (White),</p> <p>DO YOU REGULARLY WORK OVERTIME FOR WHICH YOU ARE PAID?</p> <p><u>Note</u> : on one or more occasions a month</p> <p>Yes (Go to Q.86A) <input type="checkbox"/> 1</p> <p>No (Go to Q.86B) <input type="checkbox"/> 2</p>
<p>77. THE FIRST FEW QUESTIONS ARE ABOUT CONDITIONS AT WORK.</p> <p>PLEASE OPEN THE BOOKLET AT THE FIRST CARD.</p>	<p>82. HOW DO YOU FEEL ABOUT THE VENTILATION AT WORK?</p> <p>Very dissatisfied <input type="checkbox"/> 1</p> <p>Dissatisfied <input type="checkbox"/> 2</p> <p>Neither satisfied nor dissatisfied <input type="checkbox"/> 3</p> <p>Satisfied <input type="checkbox"/> 4</p> <p>Very satisfied <input type="checkbox"/> 5</p> <p>Respondent states question is not applicable <input type="checkbox"/> 6</p>	<p>86A.PLEASE LOOK BACK AT CARD B (Yellow),</p> <p>HOW DO YOU FEEL ABOUT THE NUMBER OF HOURS OF PAID OVERTIME YOU USUALLY DO?</p> <p>86B.PLEASE LOOK BACK AT CARD B (Yellow),</p> <p>HOW DO YOU FEEL ABOUT NOT WORKING PAID OVERTIME REGULARLY?</p> <p>Very dissatisfied <input type="checkbox"/> 1</p> <p>Dissatisfied <input type="checkbox"/> 2</p> <p>Neither satisfied nor dissatisfied <input type="checkbox"/> 3</p> <p>Satisfied <input type="checkbox"/> 4</p> <p>Very satisfied <input type="checkbox"/> 5</p>
<p>78. HOW OFTEN IS IT UNCOMFORTABLY HOT OR COLD AT WORK?</p> <p>Never or rarely <input type="checkbox"/> 1</p> <p>Occasionally <input type="checkbox"/> 2</p> <p>Sometimes <input type="checkbox"/> 3</p> <p>Often <input type="checkbox"/> 4</p> <p>Most or all of the time <input type="checkbox"/> 5</p> <p>Respondent states question is not applicable <input type="checkbox"/> 6</p>	<p>83. PLEASE LOOK AT CARD C (White),</p> <p>CAN YOU CHOOSE THE TIME YOU START OR FINISH AT WORK?</p> <p>Yes <input type="checkbox"/> 1</p> <p>No <input type="checkbox"/> 2</p>	<p>87. PLEASE LOOK AT CARD C (White),</p> <p>DOES YOUR JOB ENTITLE YOU TO ANY PAID ANNUAL LEAVE OR HOLIDAYS?</p> <p>Yes (Go to Q.88A) <input type="checkbox"/> 1</p> <p>No (Go to Q.88B) <input type="checkbox"/> 2</p>
<p>79. HOW OFTEN ARE YOU BOTHERED BY NOISE AT WORK?</p> <p>Never or rarely <input type="checkbox"/> 1</p> <p>Occasionally <input type="checkbox"/> 2</p> <p>Sometimes <input type="checkbox"/> 3</p> <p>Often <input type="checkbox"/> 4</p> <p>Most or all of the time <input type="checkbox"/> 5</p>	<p>84. PLEASE LOOK BACK AT CARD B (Yellow),</p> <p>HOW DO YOU FEEL ABOUT THIS?</p> <p>Very dissatisfied <input type="checkbox"/> 1</p> <p>Dissatisfied <input type="checkbox"/> 2</p> <p>Neither satisfied nor dissatisfied <input type="checkbox"/> 3</p> <p>Satisfied <input type="checkbox"/> 4</p> <p>Very satisfied <input type="checkbox"/> 5</p>	<p>88A.PLEASE LOOK BACK AT CARD B (Yellow),</p> <p>HOW DO YOU FEEL ABOUT THE AMOUNT OF PAID ANNUAL LEAVE OR HOLIDAYS YOU ARE ENTITLED TO?</p> <p>88B.PLEASE LOOK BACK AT CARD B (Yellow),</p> <p>HOW DO YOU FEEL ABOUT THIS?</p> <p>Very dissatisfied <input type="checkbox"/> 1</p> <p>Dissatisfied <input type="checkbox"/> 2</p> <p>Neither satisfied nor dissatisfied <input type="checkbox"/> 3</p> <p>Satisfied <input type="checkbox"/> 4</p> <p>Very satisfied <input type="checkbox"/> 5</p>
<p>80. HOW OFTEN ARE YOU BOTHERED BY DIRTY CONDITIONS AT WORK?</p> <p>Never or rarely <input type="checkbox"/> 1</p> <p>Occasionally <input type="checkbox"/> 2</p> <p>Sometimes <input type="checkbox"/> 3</p> <p>Often <input type="checkbox"/> 4</p> <p>Most or all of the time <input type="checkbox"/> 5</p>		

<p>89. PLEASE LOOK AT CARD C (White).</p> <p>DOES YOUR JOB ENTITLE YOU TO ANY PAID SICK LEAVE?</p> <p>Yes (Go to Q.90A) .. <input type="checkbox"/> 1</p> <p>No (Go to Q.90B) .. <input type="checkbox"/> 2</p> <p>Don't know (Go to Q.91) .. <input type="checkbox"/> 3</p>	<p>93A. PLEASE LOOK AT CARD E (White).</p> <p>HOW DO YOU FEEL ABOUT BEING IN THIS SCHEME?</p> <p>Very dissatisfied .. <input type="checkbox"/> 1</p> <p>Dissatisfied .. <input type="checkbox"/> 2</p> <p>Neither satisfied nor dissatisfied .. <input type="checkbox"/> 3</p> <p>Satisfied .. <input type="checkbox"/> 4</p> <p>Very satisfied .. <input type="checkbox"/> 5</p>	<p>98. PLEASE TURN TO CARD J (Yellow).</p> <p>HOW OFTEN DO YOU FIND YOUR WORK INTERESTING?</p> <p>Never or rarely .. <input type="checkbox"/> 1</p> <p>Occasionally .. <input type="checkbox"/> 2</p> <p>Sometimes .. <input type="checkbox"/> 3</p> <p>Often .. <input type="checkbox"/> 4</p> <p>Most or all of the time .. <input type="checkbox"/> 5</p>
<p>90A PLEASE LOOK BACK AT CARD B (Yellow).</p> <p>HOW DO YOU FEEL ABOUT THE AMOUNT OF PAID SICK LEAVE YOU ARE ENTITLED TO EACH YEAR?</p>	<p>93B. PLEASE LOOK BACK AT CARD B (Yellow).</p> <p>HOW DO YOU FEEL ABOUT NOT BEING IN A SCHEME?</p> <p>Very dissatisfied .. <input type="checkbox"/> 1</p> <p>Dissatisfied .. <input type="checkbox"/> 2</p> <p>Neither satisfied nor dissatisfied .. <input type="checkbox"/> 3</p> <p>Satisfied .. <input type="checkbox"/> 4</p> <p>Very satisfied .. <input type="checkbox"/> 5</p>	<p>99. STILL LOOKING AT CARD J (Yellow).</p> <p>HOW OFTEN CAN YOU DEVELOP SKILLS AND ABILITIES ON THE JOB?</p> <p>Never or rarely .. <input type="checkbox"/> 1</p> <p>Occasionally .. <input type="checkbox"/> 2</p> <p>Sometimes .. <input type="checkbox"/> 3</p> <p>Often .. <input type="checkbox"/> 4</p> <p>Most or all of the time .. <input type="checkbox"/> 5</p>
<p>90B PLEASE LOOK BACK AT CARD B (Yellow).</p> <p>HOW DO YOU FEEL ABOUT THIS?</p> <p>Very dissatisfied .. <input type="checkbox"/> 1</p> <p>Dissatisfied .. <input type="checkbox"/> 2</p> <p>Neither satisfied nor dissatisfied .. <input type="checkbox"/> 3</p> <p>Satisfied .. <input type="checkbox"/> 4</p> <p>Very satisfied .. <input type="checkbox"/> 5</p> <p>Respondent does not know amount to which entitled <input type="checkbox"/> 6</p>	<p>94. NOW I WOULD LIKE TO ASK YOU ABOUT YOUR USUAL PAY FROM YOUR EMPLOYER.</p> <p>IN THIS JOB ARE YOU PAID ON A WEEKLY, FORTNIGHTLY, MONTHLY OR SOME OTHER BASIS?</p> <p>Weekly (Go to Q.95F) .. <input type="checkbox"/> 1</p> <p>Fortnightly (Go to Q.95G) .. <input type="checkbox"/> 2</p> <p>Monthly (Go to Q.95H) .. <input type="checkbox"/> 3</p> <p>Other (Go to Q.95F) .. <input type="checkbox"/> 4</p>	<p>100. PLEASE LOOK AT CARD K (White).</p> <p>HOW DO YOU FEEL ABOUT YOUR SECURITY OF EMPLOYMENT?</p> <p>Very dissatisfied .. <input type="checkbox"/> 1</p> <p>Dissatisfied .. <input type="checkbox"/> 2</p> <p>Neither satisfied nor dissatisfied .. <input type="checkbox"/> 3</p> <p>Satisfied .. <input type="checkbox"/> 4</p> <p>Very satisfied .. <input type="checkbox"/> 5</p>
<p>91. PLEASE LOOK AT CARD C (White).</p> <p>DO YOU BELONG TO ANY SUPERANNUATION OR RETIREMENT BENEFITS SCHEME?</p> <p>Yes .. <input type="checkbox"/> 1</p> <p>No (Go to Q.93B) .. <input type="checkbox"/> 2</p> <p>Don't know (Go to Q.94) .. <input type="checkbox"/> 3</p>	<p>95F. PLEASE TURN TO BLUE WEEKLY PAY CARD F.</p> <p>95G. PLEASE TURN TO PINK FORTNIGHTLY PAY CARD G.</p> <p>95H. PLEASE TURN TO GREEN MONTHLY PAY CARD H.</p>	<p>101. PLEASE TURN TO CARD L (Yellow).</p> <p>HOW OFTEN DOES YOUR JOB GIVE YOU THE FEELING OF DOING SOMETHING WORTHWHILE?</p> <p>Never or rarely .. <input type="checkbox"/> 1</p> <p>Occasionally .. <input type="checkbox"/> 2</p> <p>Sometimes .. <input type="checkbox"/> 3</p> <p>Often .. <input type="checkbox"/> 4</p> <p>Most or all of the time .. <input type="checkbox"/> 5</p>
<p>92. PLEASE TURN TO CARD D (Yellow).</p> <p>IS THIS SCHEME PROVIDED OR ARRANGED BY YOUR CURRENT EMPLOYER OR BY SOME OTHER SOURCE?</p> <p>Current employer (Go to Q.93A) .. <input type="checkbox"/> 1</p> <p>Other source (Go to Q.93A) .. <input type="checkbox"/> 2</p>	<p>96. IN WHICH OF THESE GROUPS IS YOUR USUAL GROSS (WEEKLY/FORTNIGHTLY/MONTHLY) PAY, THAT IS BEFORE TAX OR ANYTHING ELSE IS TAKEN OUT?</p> <p>Group .. <input type="checkbox"/> 17</p> <p>Refused .. <input type="checkbox"/> 17</p>	<p>97. PLEASE TURN TO CARD I (White).</p> <p>HOW DO YOU FEEL ABOUT THE AMOUNT OF GROSS PAY YOU GET IN YOUR JOB?</p> <p>Very dissatisfied .. <input type="checkbox"/> 1</p> <p>Dissatisfied .. <input type="checkbox"/> 2</p> <p>Neither satisfied nor dissatisfied .. <input type="checkbox"/> 3</p> <p>Satisfied .. <input type="checkbox"/> 4</p> <p>Very satisfied .. <input type="checkbox"/> 5</p>

102. PLEASE LOOK AT CARD M
(White).

DO YOU HAVE ANY PROMOTION
OPPORTUNITIES OPEN TO YOU
AT YOUR WORK?

Yes (Go to Q.103A) ☐ 1
No (Go to Q.103B) ☐ 2

103A. PLEASE TURN TO CARD N
(Yellow).

HOW DO YOU FEEL ABOUT
PROMOTION OPPORTUNITIES
OPEN TO YOU AT YOUR WORK?

103B. PLEASE TURN TO CARD N
(Yellow).

HOW DO YOU FEEL ABOUT
THIS?

Very dissatisfied ☐ 1
Dissatisfied ☐ 2
Neither satisfied
nor dissatisfied ☐ 3
Satisfied ☐ 4
Very satisfied ☐ 5

104. STILL LOOKING AT CARD N
(Yellow)

HOW DO YOU FEEL ABOUT
THE AMOUNT OF VARIETY
IN YOUR WORK?

Very dissatisfied ☐ 1
Dissatisfied ☐ 2
Neither satisfied
nor dissatisfied ☐ 3
Satisfied ☐ 4
Very satisfied ☐ 5

105. PLEASE LOOK AT CARD O
(White).

HOW OFTEN CAN YOU
USE YOUR SKILLS AND
ABILITIES AT WORK?

Never or rarely ☐ 1
Occasionally ☐ 2
Sometimes ☐ 3
Often ☐ 4
Most or all of the time ☐ 5

106. PLEASE TURN TO CARD P
(Yellow).

DO YOU SUPERVISE OTHER
EMPLOYEES AS PART OF
YOUR JOB?

Yes ☐ 1
No (Go to Q.108) ☐ 2

107. PLEASE LOOK AT CARD Q
(White).

HOW MANY EMPLOYEES
DO YOU SUPERVISE?

1 ☐ 1
2-5 ☐ 2
6-9 ☐ 3
10 and over ☐ 4

108. PLEASE TURN TO CARD R
(Yellow).

AT WORK, WOULD YOU LIKE
MORE RESPONSIBILITY, THE
SAME OR LESS THAN YOU
HAVE NOW?

More ☐ 1
The same ☐ 2
Less ☐ 3

109. PLEASE LOOK AT CARD S
(White).

I WOULD LIKE YOU TO
THINK ABOUT THE GROUP OF
FELLOW EMPLOYEES YOU
ACTUALLY WORK CLOSELY
WITH EACH DAY IN YOUR
JOB.

NOT COUNTING YOURSELF,
HOW MANY EMPLOYEES ARE
IN THE GROUP YOU USUALLY
WORK CLOSELY WITH?

None ☐ 1
1 ☐ 2
2-5 ☐ 3
6-9 ☐ 4
10-14 ☐ 5
15-19 ☐ 6
20 and over ☐ 7

110. PLEASE TURN TO CARD T
(Yellow).

HOW OFTEN DO YOU THINK
ABOUT CHANGING THE KIND
OF WORK YOU DO JUST
TO FIND MORE
SATISFYING WORK?

Never or rarely ☐ 1
Occasionally ☐ 2
Sometimes ☐ 3
Often ☐ 4
Most or all of the time ☐ 5

111. PLEASE LOOK AT CARD U
(White).

OVERALL, HOW DO YOU FEEL
ABOUT YOUR PRESENT JOB?

Very dissatisfied ☐ 1
Dissatisfied ☐ 2
Neither satisfied
nor dissatisfied ☐ 3
Satisfied ☐ 4
Very satisfied ☐ 5

112A PLEASE TURN TO CARD V
(Yellow).

HERE IS A LIST OF CHANGES
WHICH COULD BE MADE TO
WORKING CONDITIONS.
WHICH OF THESE, IF ANY,
WOULD YOU LIKE TO SEE IN
YOUR JOB?

YOU CAN PICK NONE, OR
AS MANY AS YOU LIKE.

More say in decisions
affecting your work .. ☐ 01
More security of
employment ☐ 02
Improved superannuation
and retirement
benefits ☐ 03
More opportunities
for promotion ☐ 04
Shorter working hours .. ☐ 05
Work which is more
worthwhile ☐ 06
More paid leave ☐ 07
Higher wages or salary .. ☐ 08
More variety in your
work ☐ 09
Better physical working
conditions ☐ 10
More paid overtime ☐ 11
Improved health or
safety standards at work .. ☐ 12
None of these ☐ 13

112B. APART FROM THE CHANGES ON
THE CARD WHAT (OTHER) CHANGE,
IF ANY, WOULD YOU LIKE
TO SEE MADE TO YOUR JOB?
(Specify)

..... ☐ 14
No (other) change .. ☐ 15

113. Sequence Guide

Look at number of changes
specified in Q112A and Q112B:

- If 3 or more, go to Q.114 .. ☐ 1
- If 1 or 2, enter code(s) in
Q.114 ☐ 2
- If none, go to Q.115 .. ☐ 3

114. YOU PICKED (Specify all changes
in Q.112A and Q.112B).

WHICH TWO OF THESE CHANGES
WOULD YOU CONSIDER TO BE
THE MOST IMPORTANT?

(a) ☐ ☐

(b) ☐ ☐

115. NEXT I AM GOING TO ASK YOU ABOUT THINGS SOME PEOPLE MAY RECEIVE AS A RESULT OF THEIR JOB.	121. AS A RESULT OF WORKING FOR <i>(Employer in Q.70)</i> HAVE YOU RECEIVED <u>ANY</u> GOODS OR SERVICES FREE OR AT A REDUCED PRICE? Yes <input type="checkbox"/> 1 No <i>(Go to Q.123)</i> .. <input type="checkbox"/> 2	130. DO YOU HAVE A HOME TELEPHONE? Yes <input type="checkbox"/> 1 No <i>(Go to Q.133)</i> .. <input type="checkbox"/> 2
116. AS A RESULT OF WORKING FOR <i>(Employer in Q.70)</i> HAVE YOU RECEIVED – ANY FREE OR DISCOUNTED HOLIDAYS OR HOLIDAY TRAVEL EXPENSES? .. <input type="checkbox"/> 1 ANY LOW INTEREST FINANCE? <i>(Go to Q.119)</i> .. <input type="checkbox"/> 2 Neither of these <i>(Go to Q.121)</i> <input type="checkbox"/> 3	122. WERE THESE <u>PROVIDED</u> BY YOUR CURRENT EMPLOYER OR BY SOME OTHER SOURCE? Current employer .. <input type="checkbox"/> 1 Other source <input type="checkbox"/> 2	131. DOES YOUR EMPLOYER PAY OR SUBSIDISE YOUR HOME TELEPHONE RENT? Yes <i>(Go to Q.133)</i> .. <input type="checkbox"/> 1 No <input type="checkbox"/> 2
117. WERE THESE <u>PROVIDED</u> BY YOUR CURRENT EMPLOYER OR BY SOME OTHER SOURCE? Current employer <input type="checkbox"/> 1 Other source <input type="checkbox"/> 2	123. IS THIS (HOUSE/FLAT/ETC.) OWNED OR BEING BOUGHT BY <u>YOU</u> ? Yes <input type="checkbox"/> 1 No <i>(Go to Q.125)</i> .. <input type="checkbox"/> 2	132. ARE ANY OF THE PRIVATE CALLS MADE FROM YOUR HOME TELEPHONE PAID OR SUBSIDISED BY YOUR EMPLOYER? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
118. AS A RESULT OF WORKING FOR <i>(Employer in Q.70)</i> HAVE YOU RECEIVED – ANY LOW INTEREST FINANCE? <input type="checkbox"/> 1 <u>ANY</u> GOODS OR SERVICES FREE OR AT A REDUCED PRICE? <i>(Go to Q.122)</i> <input type="checkbox"/> 2 Neither of these <i>(Go to Q.123)</i> <input type="checkbox"/> 3	124. DOES YOUR EMPLOYER PAY OR SUBSIDISE YOUR WATER, SEWERAGE OR LOCAL GOVERNMENT RATES? Yes <i>(Go to Q.128)</i> .. <input type="checkbox"/> 1 No <i>(Go to Q.128)</i> .. <input type="checkbox"/> 2	133. DOES YOUR EMPLOYER PROVIDE YOU WITH A VEHICLE WHICH YOU USE FOR PRIVATE PURPOSES? Yes <input type="checkbox"/> 1 No <i>(Go to Q.135)</i> .. <input type="checkbox"/> 2
119. WAS THIS FINANCE <u>PROVIDED</u> BY YOUR CURRENT EMPLOYER OR BY SOME OTHER SOURCE? Current employer <input type="checkbox"/> 1 Other source <input type="checkbox"/> 2	125. IS <u>THIS</u> (HOUSE/FLAT/ETC.) OWNED OR <u>PROVIDED</u> BY YOUR EMPLOYER? Yes <input type="checkbox"/> 1 No <i>(Go to Q.127)</i> .. <input type="checkbox"/> 2	134. IS THIS PRIVATE USE RESTRICTED TO TRAVEL TO AND FROM WORK? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
120. FOR WHAT PURPOSE DID YOU USE THIS FINANCE? Purchase of/Improvements to any housing/land .. <input type="checkbox"/> 1 Purchase of motor vehicle .. <input type="checkbox"/> 2 Other, <i>(Specify)</i> ----- <input type="checkbox"/> 3 ----- <input type="checkbox"/> 3	126. DO YOU LIVE HERE AS AN EMPLOYEE ENTITLEMENT? Yes <i>(Go to Q.129)</i> .. <input type="checkbox"/> 1 No <input type="checkbox"/> 2	135. DOES YOUR EMPLOYER ASSIST YOU WITH YOUR PRIVATE DAY-TO-DAY TRANSPORT COSTS IN ANY (OTHER) WAY? Yes <input type="checkbox"/> 1 No <i>(Go to Q.137)</i> .. <input type="checkbox"/> 2
121. FOR WHAT PURPOSE DID YOU USE THIS FINANCE? Purchase of/Improvements to any housing/land .. <input type="checkbox"/> 1 Purchase of motor vehicle .. <input type="checkbox"/> 2 Other, <i>(Specify)</i> ----- <input type="checkbox"/> 3 ----- <input type="checkbox"/> 3	127. DOES YOUR EMPLOYER PAY OR SUBSIDISE ANY OF YOUR RENT OR BOARD? Yes <i>(Go to Q.129)</i> .. <input type="checkbox"/> 1 No/Respondent doesn't pay rent or board .. <input type="checkbox"/> 2	136. IS THIS ASSISTANCE RESTRICTED TO TRAVEL TO AND FROM WORK? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
	128. DO YOU RECEIVE A HOUSING ALLOWANCE FROM YOUR EMPLOYER? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	137. HOW LONG DOES IT TAKE YOU TO TRAVEL <u>FROM HOME TO WORK</u> EACH DAY? Works at home <input type="checkbox"/> 1 Less than 15 minutes .. <input type="checkbox"/> 2 15 minutes to less than 30 minutes <input type="checkbox"/> 3 30 minutes to less than 1 hour <input type="checkbox"/> 4 1 hour to less than 1½ hours .. <input type="checkbox"/> 5 1½ hours or more .. <input type="checkbox"/> 6
	129. DOES YOUR EMPLOYER PAY OR SUBSIDISE YOUR ELECTRICITY, GAS OR OIL EXPENSES? Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	

138. DOES YOUR EMPLOYER PAY OR SUBSIDISE YOUR –
- MEDICAL OR HOSPITAL EXPENSES OR FUND CONTRIBUTIONS? .. ☐ 1
- UNION DUES OR PROFESSIONAL ASSOCIATION FEES? .. ☐ 2
- MEMBERSHIP OF CLUBS OR SOCIETIES? .. ☐ 3
- None of these .. ☐ 4

139. DO YOU RECEIVE AN ENTERTAINMENT ALLOWANCE FROM YOUR EMPLOYER?

Yes .. ☐ 1

No .. ☐ 2

140. HAVE YOU EVER OWNED SHARES, RIGHTS OR OPTIONS IN (Employer in Q.70)?

Yes .. ☐ 1

No/Not applicable (Go to Q.142) .. ☐ 2

141. DID YOU RECEIVE ANY OF THESE SHARES, RIGHTS OR OPTIONS AS AN EMPLOYEE ENTITLEMENT?

Yes .. ☐ 1

No .. ☐ 2

142. THE NEXT FEW QUESTIONS ARE ABOUT YOUR EDUCATION.

143. AT WHAT AGE DID YOU LEAVE SCHOOL?

Never went to school (Go to Q.148) .. ☐ 1

Still attending school (Go to Q.148) .. ☐ 2

Under 14 years (Go to Q.145) .. ☐ 3

14 years (Go to Q.145) .. ☐ 4

15 years (Go to Q.145) .. ☐ 5

16 years .. ☐ 6

17 years .. ☐ 7

18 years or more .. ☐ 8

144. DID YOU ATTEND THE HIGHEST YEAR OF SECONDARY SCHOOL AVAILABLE, OR DID YOU LEAVE SCHOOL BEFORE THAT?

Highest year secondary .. ☐ 1

Other .. ☐ 2

145. SINCE LEAVING SCHOOL HAVE YOU OBTAINED A CERTIFICATE, DIPLOMA, DEGREE OR ANY OTHER QUALIFICATION?

Yes .. ☐ 1

No (Go to Q.148) .. ☐ 2

146. WHAT IS THE FULL NAME OF THIS QUALIFICATION?

147. WHAT IS THE NAME OF THE INSTITUTION, COLLEGE OR UNIVERSITY FROM WHICH THIS QUALIFICATION WAS OBTAINED?

Name/Address -----

148. AT ANY TIME LAST YEAR DID YOU STUDY AT A TECHNICAL COLLEGE, UNIVERSITY OR OTHER EDUCATIONAL INSTITUTION?

Yes .. ☐ 1

No (No more questions) .. ☐ 2

149. WAS THIS STUDY DONE WHILE EMPLOYED BY (Employer in Q.70)?

Yes .. ☐ 1

No (No more questions) .. ☐ 2

150. WAS IT AS A CONDITION OF YOUR EMPLOYMENT THAT YOU DID THIS STUDY?

Yes (No more questions) .. ☐ 1

No .. ☐ 2

151. DID YOUR EMPLOYER ALLOW YOU ANY TIME AWAY FROM WORK TO ATTEND THIS COURSE?

Yes .. ☐ 1

No (No more questions) .. ☐ 2

152. WERE YOU REQUIRED TO MAKE UP ALL OF THE TIME YOU WERE AWAY FROM WORK?

Yes (No more questions) .. ☐ 1

No .. ☐ 2

153. WAS ANY OF THE TIME OFF ON FULL PAY OR PART PAY?

Yes (No more questions) .. ☐ 1

No (No more questions) .. ☐ 2

154. Office Use Only

S .. ☐ ☐

D .. ☐

155. Office Use Only

A .. ☐

B .. ☐

